



2008 Recruitment

Applications will be accepted year around

We are seeking new members!

The Washington State Developmental Disabilities Council is a 33 member Council appointed by the Governor to plan comprehensive services for Washington State Citizens with developmental disabilities. Council members serve a three year term. To meet the requirements of the Council's federal law we are seeking persons who are:



Individuals with developmental disabilities
Parents, relatives or guardians of people with developmental disabilities

We will also be concentrating on ethnic and geographical diversity. Candidates who have completed or are currently in the Council's Local Leadership Development Program will be given extra consideration.



If you are interested please submit an application and resume by to be determined. If you have questions please call Linda Walling at (360) 586-3567 or 1-800-634-4473. You may also access the application on our web site:
<http://www.ddc.wa.gov>

WASHINGTON STATE



2600 Martin Way E
Olympia, WA 98504
1-800-634-4473

APPLICATION FOR APPOINTMENT

Mail Application to above address

Applications will be kept for one year

Application Instructions:

Type or print clearly

Complete the entire application and supplemental questionnaire; sign and date it

Please attach a current resume

Name		Street Address	
City	County	State	Zip Code
Home Phone:	Work Phone:	Fax:	Business E-Mail Address
Cell Phone:			Home E-Mail Address
ARE YOU: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN or PACIFIC ISLANDER <input type="checkbox"/> OTHER (please describe):	
APPOINTMENT HISTORY: <input type="checkbox"/> 1 ST TIME APPOINTMENT <input type="checkbox"/> REAPPOINTMENT			
REPRESENTATION: <input type="checkbox"/> Person with a Developmental Disability <input type="checkbox"/> Parent of a child with a developmental disability <input type="checkbox"/> Parent of an adult child with a developmental disability Other (please describe)			
Please list three (3) non-family references with addresses and phone numbers. At least two of these references should be professional (employer, child's teacher, civic leader, elected official, etc.)			
1. _____			
2. _____			
3. _____			
What is your Legislative District?			
What is your Congressional District?			

Are you a registered voter in the state of Washington? ☐ Yes ☐ No
Are you a citizen of the United States? ☐ Yes ☐ No

Education: (high school, name and location of college or university, year graduated, and degree:

Current Employment: (job title, employer, employment date, contact and phone number of employer

Memberships in professional, civic organizations or government boards or commissions (please include offices held and dates of terms).

Community Service/Volunteer Activities

Date of Birth:

Have you ever been convicted of a crime (excluding traffic offenses under \$100.00? If so, explain.

Yes_____ No_____

If you are a person with a developmental disability, please describe your disability

If you are a parent of a child/children with developmental disabilities please list age(s) and disabilities

Why do you want to be on the Council?

What are your specific concerns/interests in disability issues?

What strengths would you bring to the council?

What ideas do you have for improving the lives of people with developmental disabilities?

<p>Can you commit to six 2-day meetings in a year?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>Maybe, however, other obligations may take precedence</p> <p><input type="checkbox"/>No – if not, please comment</p>
<p>Ideally, Council members should be involved with multiple project areas/activities – how involved do you want to be with Council issues:</p> <p><input type="checkbox"/>Extremely involved – high level of participation, contact at regular intervals, available above and beyond regular council meetings</p> <p><input type="checkbox"/>Somewhat involved – I would be available for Council meetings but my time outside of those meetings is limited</p> <p><input type="checkbox"/>Limited – My involvement is limited to Council meetings</p>
<p>Council members are expected to contribute to all Council meeting discussions. In many circumstances, Council members are expected to present information to other Council members, Council staff, visitors and others. What is your level of comfort in speaking before groups and meeting these expectations?</p> <p><input type="checkbox"/>Extremely comfortable – I enjoy group participation and have made presentations before groups</p> <p><input type="checkbox"/>Very comfortable – I enjoy group participation and would like to experience presentations before groups</p> <p><input type="checkbox"/>Comfortable – Group participation is acceptable, prefer not to make presentations</p> <p><input type="checkbox"/>Uncomfortable – I like small workgroups but not giving presentations</p>
<p>As a Council member you will be expected to call, write and meet with state senators and representatives. You will receive training, a listing of your legislators for your district, and fact sheets. Can you meet this expectation?</p> <p><input type="checkbox"/>Extremely comfortable – I have met with my legislators and presented my views</p> <p><input type="checkbox"/>Comfortable – I can do this with enough training and information.</p> <p><input type="checkbox"/>Uncomfortable – No experience</p>
<p>Are there any accommodations you will need to participate as a Council member? If yes, describe accommodations needed (accessible transportation/room, personal care provider, interpreter, facilitator, special dietary requirements, etc.)</p>

On a separate piece of paper please tell us a little about yourself and your family. Why do you think you would make a good council member? What do you hope to contribute to this experience?

I swear/avow the information I have entered on this form is true to the best of my knowledge. I understand that if I deliberately conceal or enter false information on the form my application may be rejected.

I hereby authorize the Washington State Developmental Disabilities Council to obtain any and all records pertaining to me on file with the Department of Motor Vehicles, Washington State Patrol, and law enforcement agencies. I agree that this information may be utilized by the Governor's office for any decision that directly relates to my application for appointment to the Washington State Developmental Disabilities Council.

Signature

Date

What is a Developmental Disability?

A “developmental disability” means a severe and chronic disability of an individual that is:

- a. Attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the individual attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - 1. self-care;
 - 2. receptive and expressive language;
 - 3. learning;
 - 4. mobility;
 - 5. self-direction;
 - 6. capacity for independent living;
 - 7. economic self-sufficiency; and
- e. Reflects the need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

The DD Act requires the membership of the Council to reflect the ethnic and geographical diversity of the state. The Act also requires us to have a representation of not less than 60% to be individuals with developmental disabilities, parents or guardians of a child with developmental disabilities or relatives/guardians of adults with developmental disabilities.

This application is available in alternate formats upon request. You may receive copies of this form by calling Linda Walling at 1-800-634-4473.